INDIRA GANDHI DELHI TECHNICAL UNIVERSITY FOR WOMEN

EXAMINATION DIVISION

SUPPLEMENTARY EXAMINATION:- .....

Paste recent Passport Size Photo

Enrolment No. **DEPT NAME**

Branch Name **Semester** **Programme Name**

Name of the Candidate (Leave one Box empty between First Name, Middle Name and Surname)

Address for Correspondence (Do not give Post Box No. Address. Leave a blank box between each unit of address like House No., Street Name, PO, etc.

City **District**

State **Pin Code**

Mobile No. **E-mail**

Paper Option

Please fill the Paper codes for which you have failed in the earlier exams for conduct of supplementary Examination
Supplementary **Examination FEE 500/- Per Paper (Through Demand Draft)**

S.No.	Paper Code for supplementary Exam With *Old Internal Marks*	S.No.	Paper Code for supplementary Exam With *Old Internal Marks*
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

FEE DETAILS **Applicable only for Students appearing in a Supplementary Examination** (Please write your Name & Enrolment No on the Payment receipt)

Total No. of Supplementary Papers			Total Amount (in Rs.)
Theory Papers		x Rs. 500	
Practical Papers		x Rs. 500	
Late Fee, if any			
TOTAL			

Demand Draft No	
Amount	**Rs.**
Bank Name and Branch	
Date of payment	/ /

Have you ever caught with UFM case in IGDTUW. YES_____NO_____(Please Tick)

Declaration

I hereby declare that the information furnished above is true and correct to the best of my knowledge. I also affirm that my registration for the course is valid and I attended the classes as per university norms. If any of my statements is found to be false, I will have no claim for taking examination. I undertake that I shall abide by the rules and regulations of the University.

Date: _____(Signature of the student)

This is to certify that the student is eligible for appearing in the Examination as per norms and application is forwarded to Examination Division for further necessary action.

Signature of HOD

Approved /Not approved for supplementary Exam

SEAL of HOD

Dean (Examination Affairs)/Dy.COE